

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK, CHAPTER**

**DEBORAH PARKER/
CATHERINE CLARK**

CASE NO: 09-50026 (REG)

V.

**MOTORS LIQUIDATION
COMPANY, ET, AL
f/k/s General Motors
corp., et, al.**

**DISPUTE AND OBJECTION
CLASS ACTION SETTLEMENT
ON GROUNDS OF DEATH
LIABILITY OF EMPLOYEE
FRANK WILLIAMS (1989)**

**2nd MOTION OF
INTERVENTION**

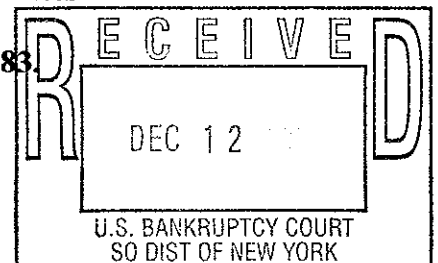
.....

**Now comes the Plaintiff's Deborah Parker/Catherine Clark filing the 2nd
Motion of Intervention and Disputing and Objecting to Class Action Settlement
on Grounds of Death Liability of Employee Frank William who died on
May 18, 1989 from lung cancer Death Certificate Exhibit (A).**

**According to Exhibit (B) of Asbestos Trust Agreement on page 75 12.15 the
Plaintiff's Deborah Parker/Catherine Clark are successors and beneficiaries
Of all asbestos claims for employee Frank Williams.**

**12.15, states: All the rights benefits, and obligations of any person named
in or referred to in the Plan shall be binding, on, and shall insure benefits
of, the heirs, executors, administrator, successors, and/or assigns of such
person.**

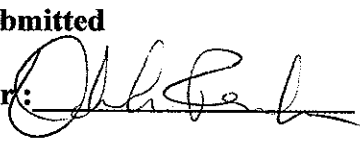
**Therefore, the Plaintiff's move this court recognize the successors listed
Deborah Parker/Catherine Clark as heirs in all asbestos settlement for
Death liability for Frank Williams and share holder under certificates
General Motors Common Issue # 400010 and Account # 145-92183.**




Thank you for complete attention to this 2nd Motion of Intervention.

Respectfully submitted

Deborah Parker:



Catherine Clark:



FRANK Williams employee of
General Motors now Motor Liquidator
Company ISSUE # 400010 AND
Account # 145-92183. Death certificate
Attached to this second motion of
Intervention received on 12/7/2011. Exhibit A
AND Letter 11/30/2011 MLC Asbestos PI Trust Attorney Brushwood
Exhibit B
CC: WEIL, GOTSHAL & MANGES LLP
767 FIFTH AVENUE
NEW YORK, NEW YORK 10153

UNCERTIFIED

CERTIFICATE OF DEATH

State File No.

Registrar's No.

Exhibit A

856

DO NOT
WRITE IN MARGIN
RESERVED FOR
DATA CODINGDEATH
CERTIFIED IN
STATION, GIVE
BUSINESS BEFORE
UNUSUALINSTRUCTIONS
SIDE

1. DECEDENT'S NAME (First, Middle, Last) Frank Williams				2. SEX M		3. DATE OF DEATH (Month, Day, Year) May 18, 1989	
4. SOCIAL SECURITY NUMBER 276-24-5448		5a. AGE - Last Birthday (Years) 59		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:		6. DATE OF BIRTH (Month, Day, Year) Dec. 6, 1929	
7. BIRTHPLACE (City and State or Foreign Country) Maj, vern, Ohio		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				9b. CITY, VILLAGE OR LOCATION OF DEATH Canton			
9c. COUNTY OF DEATH Stark				10. FACILITY NAME (If not institution, give street and number) Timken Mercy Medical Center			
11. SURVIVING SPOUSE (If wife, give maiden name) Never married		12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Inspector		13. KIND OF BUSINESS/INDUSTRY General Motors		14. RESIDENCE - STATE Ohio	
15. COUNTY Stark		16. CITY, TOWN, OR LOCATION Waynesburg		17. STREET AND NUMBER 7650 Goodland Road		18. INSIDE CITY LIMITS? (Yes or No) NO	
19. ZIP CODE 44688		20. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		21. RACE - American Indian, Black, White, etc. (Specify) Black		22. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 yrs.	
23. FATHER'S NAME (First, Middle, Last) Maudie Williams				24. MOTHER'S NAME (First, Middle, Maiden Surname) Liela Walker			
25. INFORMANT'S NAME (Type/Print) Catherine Clark				26. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3439 Dueber S.W. Canton, Ohio 44706			
27. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Sandy Valley Cemetery		29. LOCATION - City or Town, State Waynesburg, Ohio			
30. DATE OF DISPOSITION May 24, 1989		31. NAME OF EMBALMER Richard A. Franklin		32. LICENSE NUMBER 7130-A			
33. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Richard A. Franklin</i>		34. LICENSE NUMBER (of Licensee) 6332		35. NAME AND ADDRESS OF FACILITY R.A. Franklin Funeral Home, Inc. 683 S. Liberty Ave. Alliance, OH			
36. SIGNATURE OF PERSON ISSUING PERMIT <i>Leila G. Ambrose</i>		37. DATE FILED (Month, Day, Year) June 6, 1989		38. DATE PERMIT ISSUED 5-23-89		39. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.	
40. TIME OF DEATH 9:38 PM		41. DATE PRONOUNCED DEAD (Month, Day, Year) May 18, 1989		42. WAS CASE REFERRED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
43. SIGNATURE AND TITLE OF CERTIFIER <i>James R. Pritchard, D.O.</i>		44. LICENSE NUMBER 2253		45. DATE SIGNED (Month, Day, Year) 5-2-89			
46. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) JAMES R. PRITCHARD, D.O., STARK COUNTY CORONER, 400 AUSTIN, NW, MASSILLON, OHIO 44646							
47. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) METASTATIC CARCINOMA OF THE LUNG a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):							
48. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
49. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		50. DATE OF INJURY (Month, Day, Year)		51. TIME OF INJURY M		52. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
53. PLACE OF INJURY - All homes, farm, street, factory, office building, etc. (Specify)		54. LOCATION (Street and Number or Rural Route Number, City or State)		55. DESCRIBE HOW INJURY OCCURRED			

162.9

Exhibit
B

Received 12/5/11
mailed original of this
letter to Deborah today

800 N. King Street
Suite 300
Wilmington, DE 19801
Telephone: 302-426-1900
Facsimile: 302-426-9947

Matthew G. Brushwood • mbrushwood@camlev.com

Campbell & Levine
Attorneys at Law

November 30, 2011

VIA UNITED STATES MAIL

Jerome H. Hossler, Esquire
Law Offices of Attorney Jerome H. Hossler
116 Cleveland Avenue N.W.
Canton, Ohio 44702-1733

RE: MLC Asbestos PI Trust
Asbestos claim in Motors Liquidation Company, et al, (formerly General
Motors Corporation) Bankruptcy Case No. 09-50026 (REG)
Account No. 4000-1459-2183

Dear Mr. Hossler:

Our law firm represents the MLC Asbestos PI Trust (the "Trust"). I write in response to your letter dated November 17, 2011 to Mr. Kirk Watson, requesting claim forms and other information necessary to continue the processing of the claims on behalf of your clients Catherine Williams Clark and Deborah Clark, relatives of Frank Williams. At this time, the Trust has not accepted any claims. The Trust is working to put the necessary systems in place to begin receiving and reviewing claims. Once the Trust is fully functional, we will mail a claim packet to you with instructions and information for submitting a claim. If your clients would prefer to receive the claim packet directly, please forward their contact information.

Additionally, the Trust is working to create a website where the claim forms and other information will be posted. Please visit <http://mlcasbestospitrust.com/> for future updates, documents and information.

If you have any further questions, please do not hesitate to contact me.

Very truly yours,


Matthew G. Brushwood